MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Improving lives THROUGH supports and services THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

MANDATORY: SELF-DIRECTED SUPPORTS COMMUNITY SPECIALIST MONTHLY SUMMARY DOCUMENTATION SHEET**

INDIVIDUAL RECEIVING SERVICES (include middle initial) **:**_____ **DESIGNATED REPRESENTATIVE :**_____

(If applicable)

Month/Year: _____/_____ **Page 1 of ____**

A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills. A Community Specialist does not assist with employer related task associated with Support Brokerage.

Please provide a summary of your documentation notes for the all areas of support which were provided during the month. Please note the level of support need: 1) Total Assistance: SB is providing face to face support with step by step instruction. 2) Moderate assistance needed- Individual/ DR needs prompting and guidance to complete task 3) Minimal Assistance: Individual/DR is able to call when assistance if needed, 4) No assistance needed in this area. Monthly Summaries must be sent to the Service Coordinator and individual/DR.

Desired Outcome:

Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:			
Level of Support needed: □ Total Assistance	□ Minimal Assistance	□ Moderate Assistance	□ No assistance needed in this area

Desired Outcome:

Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:			
Level of Support needed: □ Total Assistance	□ Minimal Assistance	□ Moderate Assistance	□ No assistance needed in this area

Desired Outcome:

Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills.			
Level of Support needed: □ Total Assistance	□ Minimal Assistance	□ Moderate Assistance	□ No assistance needed in this area

_____ _____ _____

Community Specialist Printed Name *Signature* Date

*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator